

DEPARTMENT OF HEALTH SERVICES
MEDICAL WASTE MANAGEMENT PROGRAM, MS 396
P.O. Box 942732
SACRAMENTO, CA 94234-7320
(916) 327-6904
Fax: (916) 323-9869



REGISTRATION APPLICATION CALIFORNIA MEDICAL WASTE MANAGEMENT

Please complete this form if your facility or business generates, transports, or stores medical waste, or if you are engaged in the cleanup or restoration of trauma scenes, and return it along with the appropriate fee (see attachment) to: Department of Health Services, Medical Waste Management Program, P.O. Box 942732, MS 396, Sacramento.

NOTE: This application will not be processed until all required information has been received.

LOCATION OF GENERATOR AND/OR APPLICANT *(Please print or type.)*

Business name		County	
Address (number, street)	City	ZIP code	Telephone ()
Authorized representative	Title	Fax ()	

Record update only? ☐ Yes ☐ No If yes, reason ☐ Change of ownership? ☐ Other:

TYPE OF APPLICATION *(Check one only.)*

- ☐ **Small Quantity Generator (SQG):** Your facility generates less than 200 pounds of medical waste per month.
- ☐ **Small Quantity Generator With On-Site Treatment:** Medical waste is TREATED on-site.
- ☐ **Limited Quantity Hauling Exemption (LQHE):** Less than 20 pounds of medical waste per week is generated or transported at one time to a treatment facility, transfer station, or other health care facility (LQG) or home nursing parent organization for consolidation prior to collection and treatment.
- ☐ **Large Quantity Generator (LQG):** Your facility generates 200 pounds or more of medical waste *in any month* of a 12-month period.
☐ This is an initial LQG application. You must develop and submit a Medical Waste Management Plan.
- ☐ **Large Quantity Generator with On-Site Treatment:**
☐ This is a new on-site treatment application. You will be sent a separate permit application.
- ☐ **Common Storage Facility Permit:** Any designated accumulation area which is on-site and is used by small quantity generators otherwise operating independently, for example, a medical arts building.
- ☐ **Medical Waste Transporter:** The following should also be enclosed: "Transporter I.D. Form" (vehicle list), "Facility Utilization Form" (final destination of waste), and your hazardous waste hauler I.D.
- ☐ **Trauma Scene Waste Management Practitioner:** See "Required Registration" section and complete Item 3.
- ☐ **Home Health Agency:** Must list as SQG or LQG *and* apply for LQHE.
- ☐ **Treatment Facility:** Fill out "Application for Medical Waste Facility Permit," and return with deposit (see reverse).
- ☐ **Transfer Station:** Above applies: hourly processing charge will be assessed instead of deposit.

REQUIRED REGISTRATION INFORMATION

- (Generators) How many pounds of medical waste does your facility generate per month? _____
 (Tracking documents or treatment records must be kept on file and are subject to audit.)
- (Generators) Check the box corresponding to the method your facility uses to dispose of medical waste:

<input type="checkbox"/> Autoclave (on-site treatment) <input type="checkbox"/> Incinerate (on-site treatment) <input type="checkbox"/> Microwave (on-site treatment)	<input type="checkbox"/> Alternative technology (on-site treatment); refer to list of approved alternative technologies: _____ <input type="checkbox"/> Limited Quantity Hauling to: _____ <input type="checkbox"/> Authorized medical waste transporter: _____
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- If applying as a **Trauma Scene Waste Management Practitioner**, please fill out a TSWMP application packet and enclose the annual fee of \$200.

I declare under penalty of law that the preceding is true, and that I am authorized to sign as a responsible party for this facility/business.

Signature	Date
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Do you generate, treat, or store medical waste at the address listed above? ☐ Yes ☐ No

CURRENT FEES FOR MEDICAL WASTE PROGRAM

A medical waste generator, subject to the registration requirements of the Medical Waste Management Act, shall submit the appropriate annual registration fee. The fee can be determined from the list below, and shall be submitted with the Registration/Permit application, and upon receipt of annual renewal notices.

<input type="checkbox"/> Limited Quantity Hauling Exemption (1–4 names)..... (5–9 names: \$5 additional per name; 10+ names: \$50 total fee)	\$ 25.00
<input type="checkbox"/> Small Quantity Generators (no treatment) (less than 200 pounds per month)	25.00
<input type="checkbox"/> Small Quantity Generator with On-site Treatment (paid every two years)..... (autoclaving, incineration, or microwave technology)	100.00
<input type="checkbox"/> Common Storage Facility	
<input type="checkbox"/> Serving 2–10 generators	100.00
<input type="checkbox"/> Serving 11–49 generators	250.00
<input type="checkbox"/> Serving 50 or more generators	500.00
<input type="checkbox"/> Trauma Scene Waste Management Practitioner	200.00

LARGE QUANTITY GENERATORS (200 pounds or more per month)

FACILITY TYPES* (Program Inspectors may ask to examine licenses issued by other state agencies)	Annual Fee Amount No Treatment	Fee Amount With On-site Treatment
<input type="checkbox"/> Acute Care Hospitals		
<input type="checkbox"/> 1–99 beds licensed capacity	\$ 600.00	\$ 900.00
<input type="checkbox"/> 100–199 beds	860.00	1,360.00
<input type="checkbox"/> 200–250 beds	1,100.00	1,600.00
<input type="checkbox"/> 251 or more beds.....	1,400.00	2,400.00
<input type="checkbox"/> Skilled Nursing Facility		
<input type="checkbox"/> 1–99 beds	275.00	575.00
<input type="checkbox"/> 100–199 beds	350.00	650.00
<input type="checkbox"/> 200 or more beds.....	400.00	700.00
<input type="checkbox"/> Specialty Clinic (surgical, dialysis, etc.).....	350.00	650.00
<input type="checkbox"/> Acute Psychiatric Hospital	200.00	500.00
<input type="checkbox"/> Intermediate Care.....	300.00	600.00
<input type="checkbox"/> Primary Care Clinic.....	350.00	650.00
<input type="checkbox"/> Clinical Laboratory.....	200.00	500.00
<input type="checkbox"/> Health Care Service Plan Facility	350.00	650.00
<input type="checkbox"/> Veterinary Clinic or Hospital	200.00	500.00
<input type="checkbox"/> Medical/Dental/Veterinary Office	200.00	500.00

*Refer to California Health and Safety Code, Section 117995.

OTHER FACILITY TYPES AND FEES

<input type="checkbox"/> Transfer Stations (initial and annual renewal plus \$100 per hour initial application review fee)	\$ 2,000.00
<input type="checkbox"/> Medical Waste Treatment Facility (initial review and processing fee applies: \$100 per hour. \$25,000 minimum initial application deposit. Balance remaining after processing is refunded.)	\$ 0.002 per pound treated, or \$10,000.00 per year minimum